

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90204 003 \*\*\*150.00

**DOCUMENT # P98000084654**

1. Entity Name  
**NEW CENTURY VENTURES, INC.**



Principal Place of Business  
**4302 GATOR TRACE DRIVE  
FORT PIERCE FL 34982**

Mailing Address  
**4302 GATOR TRACE DRIVE  
FORT PIERCE FL 34982**

2. Principal Place of Business  
**4123 Gator Trace Road**  
Suite, Apt. #, etc.

3. Mailing Address  
**477 Madison Avenue**  
Suite, Apt. #, etc.  
**24th Floor**

City & State  
**Fort Pierce, FL**

City & State  
**New York, NY**

4. FEI Number  
**61-1334950**

Applied For  
☐ Not Applicable

Zip Country  
**34982 USA**

Zip Country  
**10022 USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WENDI R. ROSEN, P.A.  
48 E. FLAGLER STREET  
SUITE 368  
MIAMI FL 33131**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **GREENFIELD, MARVIN E**  
STREET ADDRESS **477 MADISON AVE 6TH FLOOR**  
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE **P/D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☒ Delete  
NAME **ROSEN, PAUL**  
STREET ADDRESS **1 NE FIRST ST SUITE 700**  
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **V** ☐ Change ☒ Addition  
NAME **Lannie Noles**  
STREET ADDRESS **4123 Gator Trace Road**  
CITY-ST-ZIP **Fort Pierce, FL 34982**

TITLE **S** ☐ Delete  
NAME **KARDOS, JUDITH**  
STREET ADDRESS **477 MADISON AVE 6TH FLOOR**  
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **AS** ☐ Delete  
NAME **GREENFIELD, BARBARA**  
STREET ADDRESS **477 MADISON AVE 6TH FL**  
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE **AS/D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **Gerald Goodman**  
STREET ADDRESS **2 Industrial Way West**  
CITY-ST-ZIP **Eatontown, NJ 07724**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature Required Kardos*

*4/12/03*

*212-207-4560*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)